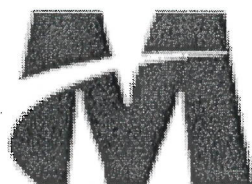


The City of Martinsville



Police Department

Applicant

Personal History Statement

**CITY OF MARTINSVILLE
POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

INSTRUCTIONS TO THE APPLICANT

The information you provide in this personal history statement will be used in the investigation of your background to determine your suitability for the position for which you have applied. Please fill out the questionnaire completely and accurately. Keep in mind that:

- (1) All statements are subject to verification.
- (2) **Deliberate inaccuracies or omissions will bar or remove you from further consideration for employment.**
- (3) **Failure to follow instructions or answer questions completely and accurately may bar or remove you from further consideration for employment.**
- (4) All time periods in your background **must** be accounted for.
- (5) You are responsible for updating this Personal History Statement in the event changes occur during the background investigation (e.g. change of address, arrests or legal actions, personal/family changes, telephone number change). Notification of such changes must be submitted in writing to the Martinsville Police Department Personnel & Training Unit.
- (6) If you have any questions regarding any section or part of this application, do not hesitate to contact this office at (276) 403-5300 for clarification. Our personnel will be glad to take time to explain any section or part of the application that you do not fully understand.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and the degree of relevance to the position for which you have applied. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Please **TYPE** or clearly **PRINT** (in black ink) your responses to this questionnaire. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, attach a separate sheet of paper and refer to the section heading or number. **We strongly recommend** that you preview this form before writing on it. Some sections/pages may need to be photocopied prior to completion to ensure that you have enough space.

**Martinsville Police Department
Recruitment and Hiring
55 West Church Street
Martinsville, VA 24112
(276) 403-5300**

1) PERSONAL

NAME:		Last	First	Middle
Other names (including nicknames) you have used or been known by				Social Security Number
Address at which you can be contacted – DO NOT USE PO BOX				
Street				
City		State		Zip Code
Phone Numbers:				
Home:		Hours:	Work:	Hours:
				Cell #:
Height	Weight	Eye Color	Hair Color	List any scars, marks, and tattoos (and location if visible)
Marital Status – List marriage date if applicable			Your place of birth	Your date of birth
If divorced or separated, list all previous spouses and dates of separation or divorce				
Current Name		Current Address		Phone Number

2) SPOUSE, CHILDREN, AND DEPENDENTS

List information on your current spouse (include maiden name), all of your children, include step-children and adopted children. If engaged, list fiancée.

Name	Address	Age	Relationship

Provide the appropriate information pertaining to any individuals with whom you have resided with in the last three years (excluding relatives). Continue on back if necessary.

Name	Phone #	Address of Residence	Dates (mm/yy)

3) REFERENCES AND FAMILY LISTINGS

In the spaces below, please list at least 3 people as references who have knowledge of you and your qualifications. **Exclude relatives in this section.** Please provide at least two phone numbers for each reference.

Name	Relation to You	Complete Address	Telephone
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:

In the spaces below, list the requested information on your family members (even if deceased) to include mother, father, guardian, step-parents, parents-in-law, foster parents, brothers, sisters, and step-siblings. Include their relationship to you and at least 2 phone numbers if possible.

Name / Relationship	Address	Home / Work Phone #
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:

4) EDUCATION

Have you ever been suspended or expelled from any high school or post secondary school? (Post - Secondary schools include colleges and universities, graduate schools, business and vocational schools, or any formal education beyond high school level.) Yes ☐ No ☐

If "YES," please explain (include school, date, and circumstances).

Do you speak a foreign language? Yes ☐ No ☐ If yes, identify the language and your level of comprehension. Language _____.

Reading ☐ Very Fluent ☐ Somewhat fluent (can read above beginner level)
Writing ☐ Very Fluent ☐ Somewhat fluent (can write above beginner level)
Speaking ☐ Very Fluent ☐ Somewhat fluent (can speak above beginner level)

Please indicate below all the schools you have attended beginning with high school.				
Name of School	Location of School (City & State)	Date Attended From To		Did you Graduate? Please List any Degree Obtained

If you do not possess a college degree, how many college semester credits have you successfully completed / earned?

5) RESIDENCE

Please list <u>all</u> your residences since 16 years of age, include those while in college and the Armed Forces. Begin with your most current residence. DO NOT USE P.O. BOXES.			
Address of Residence	City, State, & Zip Code	Dates	
		From	To

List any organizations, clubs, fraternities, sororities, civic groups, and social groups of which you are now, or have ever been a member of or associated with. Indicate any office or position held.

6) MILITARY

Have you ever served in the Armed Forces, National Guard, or Military Reserves?

YES ☐NO ☐

If "Yes", please supply the following information:

Branch of Service	MOS	Dates of Service	Type of Discharge or Current Status
		____/____ to ____/____	
		____/____ to ____/____	

Are you currently participating in any military reserve or National Guard program?YES ☐NO ☐

Did you receive any disciplinary actions while in the military ?

YES ☐NO ☐

If " Yes" please explain.

List your rank and describe your duties:

List all duty stations, including Basic Training and other specialty schools:

Military Installation	City / State	Assignment

Please list those individuals in the military who know you well enough to provide accurate information about you.

Name	Address	Telephone	Years Known
		Home: Work:	to
		Home: Work:	to
		Home: Work:	to

7) FINANCIAL

Please fill the financial statement below. Be complete and accurate.

Current Monthly Income		Current Monthly Expenses	
Your salary-----→	_____	Real Estate (mortgage) Payment(s)-----→	_____
Spouse's salary-----→	_____	Rent-----→	_____
Other monthly income - describe:		Other monthly payments – list any monthly obligation over \$100 per month (this would include school loans, car payments, other bank loans, etc.). Do not list utility expenses (gas, electricity, etc.).	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL MONTHLY INCOME	\$ _____	TOTAL MONTHLY EXPENDITURES	\$ _____

Current Assets		Current Liabilities / Debts	
Savings -----→	_____	Real Estate Indebtedness -----→	_____
Checking -----→	_____	Long-term loans -----→	_____
Real Estate -----→	_____	Charge accounts -----→	_____
Stocks and Bonds -----→	_____	Other Liabilities - describe:	
Autos -----→	_____	_____	_____
Other Assets - describe:		_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____

7) FINANCIAL

Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.

Name of Firm	Address	Type of Debt (credit card, loan, etc.)

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan ? YES ☐ NO ☐

If "Yes", please give details (include when, where, why). Include a copy of all court related papers.

Have any of your bills ever been turned over to a collection agency ? YES ☐ NO ☐

If "Yes", please give details (include when, firms involved, circumstances).

Have you ever had purchased goods repossessed (taken back)? YES ☐ NO ☐

If "Yes", please give details (include when, firms involved, circumstances).

7) FINANCIAL

Have your wages ever been garnisheed? YES ☐ NO ☐

If "Yes", please give details (include when, where, why).

Have you ever been delinquent on income or other tax payments? YES ☐ NO ☐

If "Yes", please give details (include when, where, why).

Have you ever been delinquent on child support payments? YES ☐ NO ☐

If "Yes", please give details (include when, where, why).

8) LEGAL

Have you ever been charged with a violation of law; arrested; or issued a defendant summons for **any** offense? Include adult and juvenile offenses and all dismissed, dropped, not prosecuted, sealed or expunged charges. **Do not include traffic offenses.** Yes ☐ No ☐ If "Yes", provide the following information below.

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/>	
			Misdemeanor <input type="checkbox"/>	

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/>	
			Misdemeanor <input type="checkbox"/>	

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/>	
			Misdemeanor <input type="checkbox"/>	

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Have you ever committed an illegal act or done anything that would have been considered illegal if caught? Include adult and juvenile incidents? Yes ☐ No ☐ If "Yes", provide a detailed explanation below.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

8) LEGAL

Have you ever committed, been charged with, or convicted of a domestic assault type offense? For example: assaults against family members; stalking; threats; or violations of a Protective Order. YES ☐ NO ☐ If "Yes", provide details below.

Have you or your spouse ever been involved as a plaintiff or defendant in any civil court action? YES ☐ NO ☐
If "Yes", please give details (include when, where, name and location of court, and circumstances).

Have you ever had a criminal warrant or Protective Order issued against you; or have you ever obtained a criminal warrant or Protective Order against someone else? YES ☐ NO ☐ If "Yes", provide details below. Do not include cases if you are/were a law enforcement officer.

Are you now or have you ever been a member of any organization, gang, group of individuals, movement, or association that:

- | | | |
|--|-----------------------------|------------------------------|
| ➤ advocates denying other individuals their equal civil rights or liberties? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| ➤ advocates the overthrow of our constitutional form of government by force or violence? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| ➤ has conducted or been involved in any illegal activity? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |

If yes, please list the organization and details below.

9) MOTOR VEHICLE OPERATION

Drivers license number	Name under which license was granted	Exp. Date	State

Please list <i>other states</i> where you have been licensed to operate a motor vehicle and the name under which the license was issued.	Name	Operators License Number	State

Have you ever been refused a driver's license by any state? Yes ☐ No ☐
If "Yes", please give details (include when, where, why).

Virginia law requires that operators and owners of motor vehicles be covered by automobile liability insurance or that the Uninsured Motorists Fee be paid. Please list the current liability insurance information for your vehicles:

Make	Year	Insurance Company	Phone Number	Policy Number	Expiration Date

Please list all traffic citations (exclude parking tickets) you have received.

Nature of Violation	Location (City/State)	Date	Disposition
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>

9) MOTOR VEHICLE OPERATION

Have you ever been involved as a driver in a motor vehicle accident? Yes ☐ No ☐

If "Yes", give details for each accident.

Date	Location	Police Investigation:	Police Agency	Type:	
				Injury	Non-injury
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Has your license ever been suspended or revoked by Virginia or any other state? Yes ☐ No ☐

If "Yes", please give details (include what, when, where, why).

Have you ever been charged or convicted of a DUI related offense? YES ☐ NO ☐

If "Yes", please give details (include when, where, why).

10) GENERAL INFORMATION

Are you a citizen of the United States? Yes ☐ No ☐

Are you legally eligible to work in the United States? Yes ☐ No ☐

If you are successful in gaining an appointment to this Department, do you expect to engage in any other gainful occupation? If "Yes", please explain. Yes ☐ No ☐

10) GENERAL INFORMATION

Are you currently using any illegal drugs? If "Yes", explain.

Yes ☐

No ☐

Have you ever used any illegal drugs? If "Yes", explain.

Yes ☐

No ☐

Have you ever purchased, transported, and/or sold any illegal drugs? If "Yes", explain.

Yes ☐

No ☐

Have you ever manufactured or stored any illegal drugs? If "Yes", explain.

Yes ☐

No ☐

Do you participate in a social networking capacity.

Yes ☐

No ☐

If yes, please provide the name of the service(s) that you have:

10) GENERAL INFORMATION

Have you ever applied for a permit to carry a concealed weapon?

Yes ☐ No ☐

If "Yes", please provide the following information:

Permit granted?	Type Weapon	Date	Law Enforcement Agency
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Purpose for permit:

Have you ever applied for employment with another law enforcement agency?

Yes ☐ No ☐

If "Yes", please provide the following information:

Agency Name (City & State)	Position	Date	Disposition / Status

Have you ever applied for employment with this Department? Yes ☐ No ☐ If "Yes", list below:

Position	Date	Disposition

Are you acquainted with any members of this Department? Yes ☐ No ☐ If "Yes", please list.

Have you ever participated in an internship program with a Law Enforcement Agency?

Yes ☐ No ☐

College/University Affiliation	Law Enforcement Agency	Dates of Participation

If "Yes", please explain on back of this sheet (include company name and address, date and reason).

11) EMPLOYMENT

Beginning with your most current employment, please list in descending order all jobs (including part-time, temporary, and voluntary positions) you have held for the past 20 years. (For the purposes of this employment history report, voluntary work should be included as employment.) Please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment		Name and address of employer	Telephone number
<u>From</u> Mo. Yr. <u>To</u> Mo. Yr. ____ / ____ ____ / ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	_____ _____ _____ <u>Title or duties</u> _____ _____		_____ <u>Name of supervisor:</u> _____ <u>Names of co-workers:</u> _____ _____ _____
Your name if different		Salary	
_____ _____ _____		Starting: _____ Ending: _____	
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain: _____ _____ _____			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
		/	/

Dates of Employment		Name and address of employer	Telephone number
<u>From</u> <u>To</u> Mo. Yr. Mo. Yr. ____ / ____ ____ / ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		_____ _____ _____ _____ <u>Title or duties</u> _____ _____ _____	_____ _____ <u>Name of supervisor:</u> _____ <u>Names of co-workers:</u> _____ _____ _____
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
		/	/

11) EMPLOYMENT			
Dates of Employment		Name and address of employer	Telephone number
<u>From</u> <u>To</u> Mo. Yr. Mo. Yr. ____/____ ____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		_____ _____ _____ _____ <u>Title or duties</u> _____ _____ _____	_____ _____ <u>Name of supervisor:</u> _____ <u>Names of co-workers:</u> _____ _____ _____
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM:	Mo.	Yr.	TO:	Mo.	Yr.
			/			/	

Dates of Employment		Name and address of employer	Telephone number
<u>From</u>	<u>To</u>		
Mo. Yr.	Mo. Yr.		
____ / ____	____ / ____		
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<u>Title or duties</u>	<u>Name of supervisor:</u>
<input type="checkbox"/> Voluntary			<u>Names of co-workers:</u>
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Resigned in lieu of being fired	<input type="checkbox"/> Fired	<input type="checkbox"/> Position Eliminated
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
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11) EMPLOYMENT

Dates of Employment <u>From</u> <u>To</u> Mo. Yr. Mo. Yr. ____ / ____ ____ / ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Name and address of employer <u>Title or duties</u> 	Telephone number <u>Name of supervisor:</u> <u>Names of co-workers:</u>
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
		/	/

Dates of Employment		Name and address of employer	Telephone number
<u>From</u> Mo. Yr. <u>To</u> Mo. Yr. _____ / _____ / _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		 <u>Title or duties</u> 	 <u>Name of supervisor:</u> <u>Names of co-workers:</u>
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr.	TO: Mo. Yr.
		/	/

11) EMPLOYMENT

Dates of Employment		Name and address of employer	Telephone number
<u>From</u> Mo. Yr.	<u>To</u> Mo. Yr.	 	 <u>Name of supervisor:</u> <u>Names of co-workers:</u>
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		<u>Title or duties</u> 	
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated			
Explain:			

<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	FROM: Mo. Yr. TO: Mo. Yr. <div style="text-align: center; margin-top: 10px;">/ /</div>
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Dates of Employment		Name and address of employer	Telephone number
<u>From</u>	<u>To</u>		
Mo.	Yr.		
Mo.	Yr.		
<u> / / </u>			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		<u>Title or duties</u>	<u>Name of supervisor:</u> <u>Names of co-workers:</u> _____ _____ _____
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Resigned in lieu of being fired	<input type="checkbox"/> Fired	<input type="checkbox"/> Position Eliminated
Explain:			

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM:	Mo.	Yr.	TO:	Mo.	Yr.
			/			/	

Please list all employment for the past 20 years. If additional pages are needed, duplicate this page and attach in chronological order. Please be detailed as possible.